If known, Indicate Location	& E	xam Date		Che	eck Certif	tification Selection				
	CH	ICM-Hazard Control	C	PSM-Product S CPSO – Patier	Safety _ It Safety	CHEP-	Healthcare P-Healthc	Emergency are Safety		
		Paid		File No						
		Date Verified								
HAZADD CONTROL A HEALTH	CADE SAFETVA	Qualified By:								
HAZARD CONTROL ♦ HEALTHCARE SAFET PATIENT SAFETY CERTIFICATION ♦		Experience		l Exam_	_ Education					
HEALTHCARE EMERGENCY		Certification No		Date:						
Certified Hazard Control Board		Level:								
2163 Pelham Parkway, Suite 217 P.O. Box 1662 Pelham, Alabama 35124										
			No.							
(205) 987 - 9836										
MrMrsMs	Dr.									
(Before starting see included instr	uction sheet)					T =				
1.Name (First, Middle Initial, Last)			Date Of Birth: Phone #:							
Home Address:			C:t			C4-4	7:			
Home Address:			City:			State:	Zip:			
Email Address:										
Zinan i kanessi										
2.Experience (Start With Present Job)	List other qualifying	g experience on separ	ate page .	Describe your e	xperience	for each Qua	alifying Ass	signment		
Name Of Employer/Organization:			Work Address (City/State/Zip):							
Phone # Exact Title of Position:				Time In This Assignment: Dates Of Employment(Yr/Month):						
					From: To					
Number Of Employees You	Name Of Your Immediate		Your Supervisor's Title:		Supervisor's Phone #:					
	Supervised: Supervisor:									
Description Of Duties and Responsib	ilities – (Indicate per	centage of time in qua	alifying exp	perience):						
3 List in Order Or Priority Your Spec			,			D				
Α.	В.		C.		D.					
4. Accomplishments – (List outstandi (Use separate blank sheet if necessary		sional achievements s	uch as- Pu	blications, Awar	rds, Honor	rs, Profession	al Activitie	es) –		
(Ose separate blank sheet if necessary	0									
5.Education										
Name Of High School City/State		Y	Years Completed			Date Of G	Date Of Graduation			
Name and Address of College or University (Transcripts must be forwarded to Board)			Dates Atten		Sem.	Major:	Degree			
		F	rom:	To: Hours			Type	Year		
-							!			

)	10	1 /			
4	11	18			
5	12	19			
	13	20			
,					
	14	21			
List Other Schools or Training (such as tr lass room hours, certificates issued or othe	ade, business, vocational, & armed forces, etc) relevant information.	or each give the name/location/dates attended/	'subjects-		
.Current Professional Certifications and R Issuing Organization:	egistrations: Address:	Town Of Contification on Deci			
Issuing Organization:	Address:	Type Of Certification or Regis	stration:		
.Current Membership in Professional Orga	nizations:				
Issuing Organization:	Address:	Position Held:	Position Held:		
D.Reference (List two persons who are not	related to you who have knowledge of your qualifi	cations:			
ame/Title:	Organization Address:	Contact Pho	Contact Phone #:		
ly signature below attests to the verac	ty of the information submitted, permits verific	ation by the Board, and frees the Board of	liability		
nould my application be rejected on the	e basis of investigation of my qualifications.	,	-		
.ca.a, application be rejected on th	, sasis of invodigation of my quamoutions.				

16

Date:

List College Courses Most Closely Related To You Certification Desire (Indicate number of semester hours per course)

6.Relevant Education

Signature:

ENCLOSE FEE: The application fee stated in the brochure must accompany the completed application unless previously paid. Send to the address below. Add \$10.00 if you live outside of North America. **THE APPLICATION FEE IS NOT REFUNDABLE**.

HAZARD CONTROL • HEALTHCARE SAFETY • PATIENT SAFETY CERTIFICATION • HEALTHCARE EMERGENCY

Certified Hazard Control Board 2163 Pelham Parkway, Suite 217 P.O. Box 1662 Pelham, Alabama 35124

INSTRUCTIONS

•	Insert all required information in this form. Attachments may be included as supporting documents substitute for completing this form.							
>	Type or print legibly.							
>	If extra space is needed for qualification data, use a separate sheet of paper.							
>	Forward "Reference Evaluations" to persons you listed as references.							
•	Enclose or have forwarded the appropriate supporting documents required by your desired certification. This includes but may not be limited to the following: -Official job descriptions -Official college transcripts -Copies of training certificates -Copies of professional certifications or registrations							
•	Sign and mail to: Certified Hazard Control Board P.O. Box 1662 Pelham, Alabama 35124							
	Physical Location: BCHCM 2163 Pelham Parkway, Suite 217 Pelham, Alabama 35124							
	Phone: (205) 987 – 9836							
	Fax: (205) 987 - 9916							
	CHSP/CHCM/CPSM/CHEP Application Fee \$125.00 Exam Fee \$150.00							
	CPSO Application Fee \$150.00 Exam Fee \$150.00							
	If Paying Application & Exam Fees By Credit Card (VISA/MASTERCARD) Please Fill Out Below Fill out credit card info below and choose an option for payment:							
2) Mail f BCHCN 2163 Pe								
Name Or	Card:Amount:							
Visa/Ma	sterCard/American Express: (circle one): Exp Date:							
Billing Z	ip Code: Security # on card (3-digit)							
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